

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

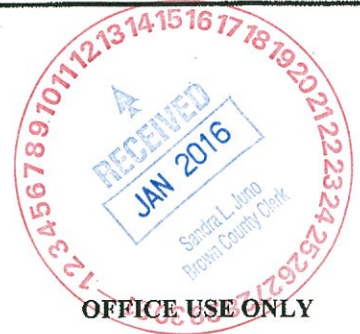
Jamie Blom for Brown County District 23

Street Address

2883 Hillcrest Ct

City, State and Zip Code

Green Bay, WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing 2016 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 1,420. ⁰⁰	\$ 1,420. ⁰⁰
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1,420. ⁰⁰	\$ 1,420. ⁰⁰

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 953. ⁰⁰	\$ 953. ⁰⁰
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 953. ⁰⁰	\$ 953. ⁰⁰

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 1,420. ⁰⁰
Subtotal	\$ 1,420. ⁰⁰
Total Disbursements	\$ 953. ⁰⁰
CASH BALANCE END OF REPORT	\$ 467. ⁰⁰
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
Jamie Blom	Jamie Blom	1/12/14
		Daytime Phone: 920-265-1272

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Page 1 of 1

Complete Committee Name

Jamie Blom for District 23

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/4/15	Jamie Blom 2883 Hillcrest Ct Green Bay, WI 54313		\$1,420	\$1,420.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1,420.⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1,420.⁰⁰

Page 2 of 3

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

 Page 1 of 1

Complete Committee Name

Jamie Blom

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
9/23/15	GAB 212 E. Washington Ave Madison, WI 53707 Check if: <input type="checkbox"/> In-Kind Offset		\$50.00
12/31/15	Heyrman Printing 2083 Hilmgren Way Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset		\$903.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 953.00
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 953.00

*****End of Report*****

Page 3 of 3

Campaign Finance Report Short Form GAB-2a Government Accountability Board	GAB ID Number
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☒ Spring
 ☐ Fall
 ☐ Special
 Pre-Primary _____
 ☐ Continuing Report due Jan. 31, 2016

☐ Spring
 ☐ Fall
 ☐ Special
 Pre-Election _____
 ☐ Continuing Report due July 20, _____

Buckley for Brown County Board Supervisor
 Name of Candidate or Committee (in full)
3266 West Point Rd.
 Address (number and street)
Green Bay, WI 54313
 City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<u>[Signature]</u>	<u>1-22-16</u>	<u>920 497-3052</u>

GAB-2a (Rev. 11/03) (Reformatted 11/03) (2K 9/99)

*****End of Report*****



Campaign Finance Report Short Form EB-2a State Elections Board		Brown County
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Primary _____	<input checked="" type="checkbox"/> Continuing Report due Jan. 31, 2016
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Election _____	<input type="checkbox"/> Continuing Report due July 20, _____

Eisenheim for a Better Green Bay

Name of Candidate or Committee (in full)

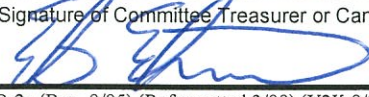
843 Dousman St.

Address (number and street)

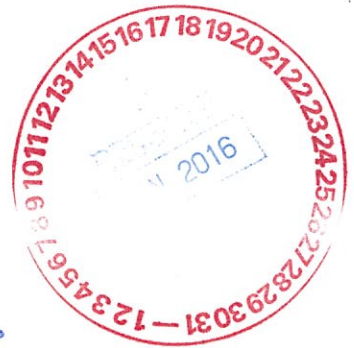
Green Bay, WI 54303

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate 	Date 1/15/2016	Daytime Phone (920) 430-8338
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EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



*****End of Report*****

SHORT FORM – Use For “No Activity” Reporting Period

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

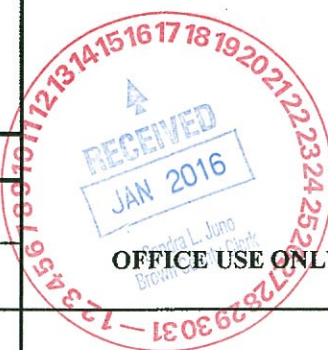
Friends of Patrick Evans

Street Address

328 David Drive

City, State and Zip Code

Green Bay, WI 54303-3307



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing 2016 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ - 0 -	\$ 2,250.00
1B. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ - 0 -
1C. Other Income and Commercial Loans	\$ - 0 -	\$ - 0 -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ - 0 -	\$ 2,250.00

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 18.00	\$ 781.27
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 18.00	\$ 781.27

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,623.06
Total Receipts	\$ - 0 -
Subtotal	\$ 1,623.06
Total Disbursements	\$ 18.00
CASH BALANCE END OF REPORT	\$ 1,605.06
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ - 0 -
LOANS (Balance at the Close of This Period-3B)	\$ 2,100.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

JAY J THIBBETTS, MD - TREASURER

Signature of Candidate or Treasurer

Jay J. Thibbets, MD - Treasurer

Date:

1-14-16

Daytime Phone: *494-2205*

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Page 1 of 2

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

 Page 2 of 2

Complete Committee Name

Friends of Mark Evans

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/1/15 TO 12-1-15	<i>Edward Jones</i> <i>3313 Parkland Dr. Unit A-1</i> <i>Deerfield, WI 54115</i>	<i>ACCOUNT FEES</i>	<i>18.00</i>
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		

 SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ *18.00*

 TOTAL ITEMIZED EXPENDITURES \$ *18.00*

 TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ *18.00*

 TOTAL EXPENDITURES \$ *18.00*
*****End of Report*****
Page 2 of 2

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

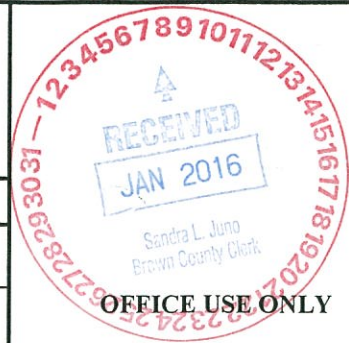
Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee: FRIENDS OF JOHN GOSSAGE

Street Address: 2430 EAST RIDGE TERRACE

City, State and Zip Code: GREEN BAY WI 54311



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing 2014 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ <u>100.00</u>	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <u>100.00</u>	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <u>0</u>	\$
2B. Contributions to Committees (Transfers-Out)	\$ <u>0</u>	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <u>0</u>	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>25.00</u>
Total Receipts	\$ <u>100.00</u>
Subtotal	\$ <u>125.00</u>
Total Disbursements	\$ <u>0</u>
CASH BALANCE END OF REPORT	\$ <u>125.00</u>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <u>0</u>
LOANS (Balance at the Close of This Period-3B)	\$ <u>0</u>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <u>JOHN R. GOSSAGE</u>	Signature of Candidate or Treasurer <u>[Signature]</u>	Date: <u>01/07/16</u> Daytime Phone: <u>(920) 448-4222</u>
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NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Page 1 of 1

Complete Committee Name
FRIENDS OF JOHN GOSSAGE

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
07/02/15	CORRECT CARE PAC 1283 MURFREESBORO Rd Suite 500 NASHVILLE, TN 37217 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	\$ 100. ⁰⁰	\$ 100. ⁰⁰
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total

CONTRIBUTIONS (Transfers-In) THIS PAGE

\$ 100.⁰⁰

*****End of Report*****

rs-In) RECEIVED FROM COMMITTEES

\$ 100.⁰⁰

Page 2 of 2

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Staush Gruszynski

Street Address

1715 Decker Ave.

City, State and Zip Code

Green Bay, WI 54302



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing 16 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 270.00	\$ 515.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 270.00	\$ 515.00

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 138.65	\$ 148.47
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 138.65	\$ 148.47

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1076.98
Total Receipts	\$ 270.00
Subtotal	\$ 1346.98
Total Disbursements	\$ 138.65
CASH BALANCE END OF REPORT	\$ 1208.33
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Staush Gruszynski

Signature of Candidate or Treasurer

Staush Gruszynski

Date: 1-14-16

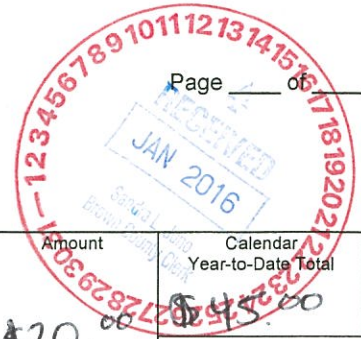
Daytime Phone: 920.216.3793

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 06



Complete Committee Name

Friends of Stausch Gruszynski

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
8/31/15	Jared Volgetanz 507 W. Wilson Madison WI 53703		\$20.00	\$45.00
12/30/15	Lynde Kilein 1122 N Astor St. Milwaukee, WI 53202	Self-Employed 1122 N. Astor St. Milwaukee, WI 53202	\$250.00	\$250.00
/ /				
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/ /				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$270.00

TOTAL ITEMIZED CONTRIBUTIONS

\$270.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$270.00

Pg. 2 of 3

SCHEDULE 2-A

DISBURSEMENTS **Gross Expenditures**

Page of

Complete Committee Name

Friends of Staunch Gruszynski

Instructions for completing schedules are on the back of each schedule.

Date <i>12.8.15</i>	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made <i>Democratic Party of Wisconsin 15N Pinckney St. #200 Madison WI 53703</i> Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure <i>Voter File</i>	Amount <i>\$138.⁶⁵</i>
Date <i>/ /</i>	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date <i>/ /</i>	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date <i>/ /</i>	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date <i>/ /</i>	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date <i>/ /</i>	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date <i>/ /</i>	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date <i>/ /</i>	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date <i>/ /</i>	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ *138.⁶⁵*

TOTAL ITEMIZED EXPENDITURES

\$ *138.⁶⁵*

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

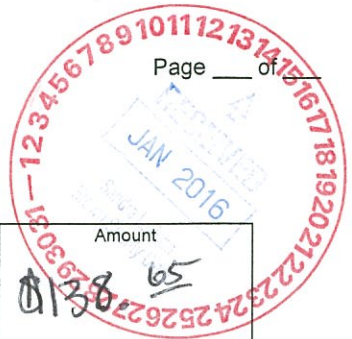
\$ *—*

TOTAL EXPENDITURES

\$ *138.⁶⁵*

*****End of Report*****

Pg. 3 of 3



**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

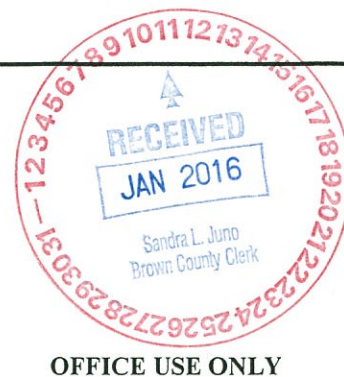
Friends of Sandy Juno

Street Address

616 Dauphin St.

City, State and Zip Code

Green Bay WI 54301



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing *2016* ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ *5269.15*

\$

1B. Contributions from Committees (Transfers-In)

\$

\$

1C. Other Income and Commercial Loans

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$

\$

2. DISBURSEMENTS

2A. Gross Expenditures

\$ *673.15*

\$

2B. Contributions to Committees (Transfers-Out)

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ *385.00*

Total Receipts

\$ *5269.15*

Subtotal

\$ *5654.15*

Total Disbursements

\$ *673.15*

CASH BALANCE END OF REPORT

\$ *4981.00*

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$

LOANS (Balance at the Close of This Period-3B)

\$ *526.19*

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Sandra L. Juno

Signature of Candidate or Treasurer

Sandra L. Juno

Date:

Daytime Phone: *1-10-16*

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 1 of

Complete Committee Name

Friends of Sandy Jund

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/6/15	Bernie & Alyce Dahlin 3470 Good Shepherd Ln. Green Bay WI 54313		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
11/6/15	John & Patricia Hickey 1437 Traeger St. Green Bay WI 54304		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
11/6/15	Thomas & Suzan Schober 2657 Nicolet Dr. Green Bay WI 54311		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
11/9/15	Robert Cowles 300 W. St. Joseph St. Green Bay WI 54301		25.00	25.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
11/10/15	Tom & Dawn Olejniczak 1543 Fox Ridge Ct. De Pere WI 54115		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
11/10/15	Philip Hendrickson 2538 Bittersweet Ave. Green Bay WI 54301	Retired	500.00	500.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
10/10/15	Jay & Nancy Hamann 558 Pinehurst Ave. Green Bay WI 54302	Retired	250.00	250.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
11/10/15	Tom & Becky Weber 2811 Antler Tr. Green Bay WI 54313		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$1275.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$1275.00

 Pg. 2 of 12
(1275.00)

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 2 of

Complete Committee Name

Friends of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/10/15	Carl & Mary Ellen Kuehn 4479 Heritage Heights Rd. De Pere WI 54115		200.00	200.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit Name: _____				
11/12/15	Dennis & Darlene Marcelle 1832 Fiesta Ln. Green Bay WI 54302		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit Name: _____				
11/12/15	Judy & Vern Krawczyk 2495 Manitowoc Rd. Green Bay WI 54311		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit Name: _____				
11/12/15	Mary & John Doller 609 Grignon St. Green Bay WI 54301		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit Name: _____				
11/12/15	Vi Smithwick 3702 S. Clay St. Green Bay WI 54301		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit Name: _____				
11/12/15	Peggy Shurmur 2687 Longview Ln. Suamico, WI 54123		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit Name: _____				
11/13/15	Pat Schillinger 714 Iron Horse Way Green Bay WI 54311		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit Name: _____				
11/13/15	Paul & Carol Schierl 111 N. Washington St., Ste 450 Green Bay WI 54301		100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit Name: _____				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 900.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 200.00

 Pg. 3 of 12
(2175.00)

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 3 of

Complete Committee Name

Friends of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/13/15	Fran Chapman Frigo 1245 Outward Ave. De Pere WI 54115		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/13/15	Landoce Ziegelbauer 1934 E. Telemark Cir. Green Bay WI 54313		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/14/15	Harry Macco 2986 County Rd. PP De Pere WI 54115		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/14/15	Dennis J. Feld 300 N. Madison St. Green Bay WI 54305-0728		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/14/15	Robert & Carol Bush 3062 Bay View Dr. Green Bay WI 54311		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/14/15	Diane & Patrick Ford 2485 Wildwood Dr. Green Bay WI 54302		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/24/15	Karl Van Roy 805 Riverview Dr. Green Bay WI 54303		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/25/15	Marilyn Lemorande 300 W. St-Joseph St. #12 Green Bay WI 54301		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 600.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 600.00

 Pg. 4 of 12
(2775.00)

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 4 of

Complete Committee Name

Friends of Sandy Lino

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/27/15	Mary Steffen 1762 Condor Ln. Green Bay WI 54313		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/27/15	Joe Van Beurzen 713 Eau Claire Ct. De Pere WI 54115		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/28/15	Ellen Huebner 620 S. Jackson St. Green Bay WI 54301		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/28/15	Ken W Lindemann 1660 Hoffman Rd. Apt. 335 Green Bay WI 54311		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/29/15	Nancy De Grave 2148 Canyonland Dr. Green Bay WI 54311		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/30/15	Paul Zeller 3228 Bitters Ct. Green Bay WI 54301		20.00	20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/30/15	Lock Seal 2537 Wyndrush Dr. Sheamico WI 54173		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/27/15	Dorothy Wolf 2929 S. Telemark Cir. Green Bay WI 54313		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

 \$ 345.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

 \$ 345.00

Pg. 5 of 12

(3120.00)

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 5 of

 Complete Committee Name
Friends of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/1/15	David Shaw 2876 River Forest Hills Dr. Pulaski WI 54162		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/22/15	Engrid Meng		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/30/15	David G. Fritsch 2380 Pinecrest Rd. Green Bay WI 54313		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/30/15	Bernice M. Burris 1636 Twin Lakes Cir. Green Bay WI 54311		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/30/15	Catherine P. Laviolette 337 Ridgeline Ter. Green Bay WI 54301		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/1/15	Paul D. Koch 5374 Moonlite Dr. De Pere WI 54115		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/1/15	Thomas Van Drasek 2775 Charleston Dr. Green Bay WI 54304		40.00	40.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/1/15	Susan Z. Morphy 518 Sunrise Ln. Green Bay WI 54301		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 515.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 515.00

 Pg. 6 of 12
 (3635.00)

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 6 of

Complete Committee Name

Friends of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/3/15	Frederick Kramberger 3196 Harbor Winds Dr. Suamico WI 54173		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	Brent Weycker	Titletown Brewing Green Bay WI 54303	127.96	127.96
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	Deborah J. Van Poy 4224 Finger Rd. Green Bay WI 54311		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	Thomas Hinz 2819 Nicolet Dr. Green Bay WI 54311		30.00	30.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	Joel Ament 1987 Hawthorne Heights Dr. De Pere WI 54115		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	Barb Hartwig 2863 Parkwood Dr. Green Bay WI 54313		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	Mark Lindsay 719 Fredrick Ct. #6 Green Bay WI 54313		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	Ann Shea 711 N. Webster De Pere WI 54115		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 557.96

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 20.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 577.96

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(4212.96)

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 1 of

Complete Committee Name

Friends of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/7/15	Richard DeBroux 1713 Preble Ave. Green Bay WI 54302		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/5/15	Sheila Nimmer 405 St. Johns St. Luxemburg WI 54217		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/6/15	John VanderLeest 1422 Beech Tree Dr. Green Bay WI 54304		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	Dustin Krueger Weed St. Shawano WI		30.00	30.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/22/15	Margaret Rude 2059 Wintecross Dr. Green Bay WI 54313		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/6/15	Theresa Rude 2592 Radinze Rd. Green Bay WI 54311		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/8/15	James Ledvina 2554 Gemini Rd. Green Bay WI 54311		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/8/15	Margaret Lusee 1813 W. Sunlight Cir. De Pere WI 54115		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

 \$ 330.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

 \$ 20.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

 \$ 350.00

pg. 8 of 12

(4562.96)

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 8 of

Complete Committee Name

Friends of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/10/15	Diane Conway 2481 Lost Dauphin Rd. Delaware WI 54115		100. ⁰⁰	100. ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	John Heide 2152 Ridge Crest Tr. Green Bay WI 54313		25. ⁰⁰	25. ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/6/15	Dorothy Josephs 4950 Michelle Dr. Suamico WI 54173		10. ⁰⁰	10. ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/7/15	Sandra Withbroe 1591 Jay Ln. Green Bay WI 54304		25. ⁰⁰	25. ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
12/20/15	Sandra Juno 616 Dauphin St. Green Bay WI 54301	Brown County Clerk	526. ¹⁹	526. ¹⁹
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1 / 1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1 / 1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1 / 1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

 \$ 686.¹⁹

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

 \$ 20.⁰⁰

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

 \$ 706.¹⁹

Pg. 9 of 12

 (5269.¹⁵)

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page 9 of

Complete Committee Name

Friends of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
11/18/15	Paper Direct 1025 E Woodmen Rd. Colorado Springs CO 80920 Check if: <input type="checkbox"/> In-Kind Offset	Invitations / Cards	124.98
11/2/15	Office Max 1535 W. Mason St. Green Bay WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Envelopes	40.93
11/2/15	USPS 118 N. Monroe Ave. Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Stamps	49.00
11/19/15	USPS 118 N. Monroe Ave. Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Stamps	196.00
11/19/15	UPS Store 2221 S. Webster Ave. Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Printing	22.76
11/30/15	Office Max 1535 W. Mason St. Green Bay WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Misc.	45.74
12/11/15	USPS 118 N. Monroe Ave. Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Stamps	49.00
12/12/15	Office Max 1535 W. Mason St. Green Bay WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Envelopes	16.78
12/17/15	Brent Weycker Check if: <input checked="" type="checkbox"/> In-Kind Offset	Titletown Brewing Event	129.96

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 673.15

TOTAL ITEMIZED EXPENDITURES

\$ 673.15

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$ 673.15

Pg. 16 of 12

ADDITIONAL DISCLOSURE
In-Kind Estimates

Page ____ of ____

Complete Committee Name

Friends of Sandy Lund

SCHEDULE 3-C

**Estimated Value of In-Kind Contributions Received
From Individuals and Committees**

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Contributor, Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only
12-7-15	Brent Wuycker	I	Food for Event	127. ⁹⁶	127. ⁹⁶	

SCHEDULE 3-D

**Estimated Value of In-Kind Contributions Given
To Candidates or Committees**

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only

Pg. 11 of 12

SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Page ____ of ____

Complete Committee Name

Friends of Sandy Jimo

Instructions for completing schedules are on the back of each schedule.

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date 12/30/15	<i>Sandy Jimo 616 Dauphin St. Green Bay WI 54301</i>	<i>0</i>	<i>536.19</i>		<i>536.19</i>

List All Endorsers or Guarantors (if any) *f*

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$

TOTAL OUTSTANDING LOANS

\$

*****End of Report******Pg. 12 of 12*

Campaign Finance Report Short Form EB-2a State Elections Board		
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Primary _____	<input checked="" type="checkbox"/> Continuing Report due Jan. 31, <u>2016</u>	
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Election _____	<input type="checkbox"/> Continuing Report due July 20, _____	

Name of Candidate or Committee (in full)

Friends of Carol

Address (number and street)

11320 W. Crestview Dr.

City, State, Zip

Fountain Hills, AZ 85268

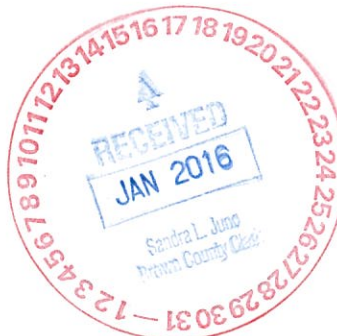
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<i>Carol Kelso</i>	<i>1/10/16</i>	<i>480 584 3678</i>

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****



Campaign Finance ReportShort Form EB-2a
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2016
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, _____

Name of Candidate or Committee (in full)

Thomas Lund

Address (number and street)

2091 Magy Lane

City, State, Zip

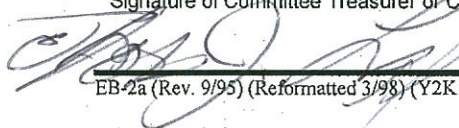
Summerville SC 29483

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

1/14/1620 592-2663

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Street Address

2444 BABCOCK ROAD

City, State and Zip Code

ASHWAUBEN, WI 54313

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing 2016 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special

☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ 200.00

\$ 200.00

1B. Contributions from Committees (Transfers-In)

\$ —

\$ —

1C. Other Income and Commercial Loans

\$ —

\$ —

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 200.00

\$ 200.00

2. DISBURSEMENTS

2A. Gross Expenditures

\$ —

\$ —

2B. Contributions to Committees (Transfers-Out)

\$ —

\$ —

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ —

\$ —

CASH SUMMARY

Cash Balance Beginning of Report

\$ —

Total Receipts

\$ 200.00

Subtotal

\$ 200.00

Total Disbursements

\$ —

CASH BALANCE END OF REPORT

\$ 200.00

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ —

LOANS (Balance at the Close of This Period-3B)

\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

PATRICK W. MOYNIHAN, JR

Signature of Candidate or Treasurer

Patrick Moynihan

Date: January 11, 2016

Daytime Phone: 920.492.2302

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 1 of 1

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
10/22/15	RONALD ANTONNEAU 3589 NICOLET DR. GREEN BAY, WI 54311		\$20. ⁰⁰	\$20. ⁰⁰
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
10/22/15	PATRICK SCHILLINGER 714 IRON HORSE WAY GREEN BAY, WI 54311		\$50. ⁰⁰	\$50. ⁰⁰
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
10/22/15	LARRY WEYERS 939 URBANDALE AVE. DEPERE, WI 54115		\$80. ⁰⁰	\$80. ⁰⁰
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
10/28/15	BRUCE WOLF 2929 S. TELEMARK CIR. GREEN BAY, WI 54313		\$50. ⁰⁰	\$50. ⁰⁰
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
/ /				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
/ /				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
/ /				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
/ /				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

 \$200.⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

 \$200.⁰⁰

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

 \$200.⁰⁰
*****End of Report*****

Pg. 2 of 2

Campaign Finance Report

Short Form EB-2a
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2016
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, _____

Name of Candidate or Committee (in full)

Andy Nicholson

Address (number and street)

800 Venus Dr.

Green Bay WI 54311

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****

Campaign Finance ReportShort Form EB-2a
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2016
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, _____

Name of Candidate or Committee (in full) Citizens for William Peters

Address (number and street) 233 N. Ashland Ave.

City, State, Zip Green Bay, WI

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone



01/25/16

920 883-0301

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

*****End of Report*******SHORT FORM – Use For “No
Activity” Reporting Period**



**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
GAB-2**

COMMITTEE IDENTIFICATION

Filing Period Name:	January Continuing 2016 Covers all activity from 07/01/2015 through 12/31/2015	OFFICE USE ONLY GAB ID: 0105501
Name of Committee/Corporation:	Friends of Dan Robinson	
Street Address:	446 Cook Street	
City, State and Zip:	De Pere, WI 54115	

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$0.00	\$0.00
1B. Contributions from Committees (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.28	\$0.52
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$0.28	\$0.52
2. DISBURSEMENTS		
2A. Gross Expenditures	\$0.00	\$20.20
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$0.00	\$20.20

CASH SUMMARY

Cash Balance Beginning of Report*	\$1,085.35	
Total Receipts	\$0.28	
Subtotal	\$1,085.63	
Total Disbursements	\$0.00	
CASH BALANCE END OF REPORT*	\$1,085.63	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$0.00	
LOANS (Balance at the Close of This Period-3B)	\$5,000.00	

**Cash Balance as reported by committee*

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer: Robinson, Laura	Signature of Candidate or Treasurer Date: Daytime Phone: Dan Robinson\rwb Email: robinsonforassembly@gmail.com
--	---

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.06, 11.61, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A**RECEIPTS**
Contributions From Individuals

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Occupation	Employer Name	Employer Address	Amount	YTD
Total Unitemized Contributions						\$0.00	
Total Anonymous Contributions						\$0.00	
Grand Total						\$0.00	
Non-Monetary (-):						\$0.00	
Loan Forgiven (-):						\$0.00	
Total						\$0.00	

SCHEDULE 1-B**RECEIPTS**
Contributions from Committees
(Transfers-In)

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Amount	YTD
Grand Total			\$0.00	
Non-Monetary (-):			\$0.00	
Total			\$0.00	

SCHEDULE 1-C**RECEIPTS****Other Income and Commercial Loans**

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Amount	YTD
Other Income				
12/31/2015	Unitemized	WI	\$0.28	\$0.28
	Comment(s): bank interest 7/1 -12/31/15			
Total			\$0.28	

SCHEDULE 2-A**DISBURSEMENTS**
Gross Expenditures

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
Grand Total						\$0.00
Non-Monetary (-):						\$0.00
Total						\$0.00

SCHEDULE 2-B**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
Grand Total					\$0.00
Non-Monetary (-):					\$0.00
Registrant In-Kind Sub Total (-):					\$0.00
Total					\$0.00

SCHEDULE 3-A**ADDITIONAL DISCLOSURE**
Incurred Obligations Excluding Loans

Complete Committee Name: Friends of Dan Robinson

Beginning Incurred Obligation Amount: \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Incurred Obligations End of Report		\$0.00

SCHEDULE 3-B**ADDITIONAL DISCLOSURE**
Loans
Individual, Committee or Commercial

Complete Committee Name: Friends of Dan Robinson

Beginning Loan Balance: \$5,000.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Loans End of Report		\$5,000.00

*****End of Report*****

Pg. 8 of 8

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☐ No

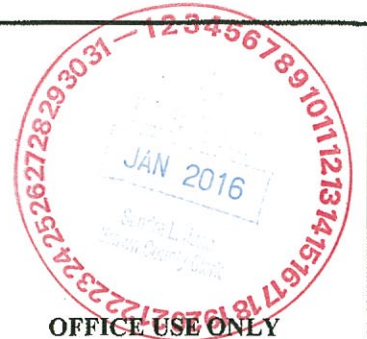
Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee: Citizens for Sieber

Street Address: 440 Maskers Lane

City, State and Zip Code: Green Bay, WI 54311



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <u>815.00</u>	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <u>148.57</u>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>86.69</u>
Total Receipts	\$ <u>815.00</u>
Subtotal	\$ <u>903.69</u>
Total Disbursements	\$ <u>148.57</u>
CASH BALANCE END OF REPORT	\$ <u>755.12</u>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date:

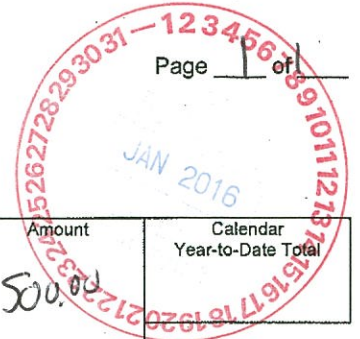
Thomas J Sieber

Thomas J Sieber

Daytime Phone: 920.680.6366

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 1 of 1


Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/1/15	Tom Sieber 480 Marbles Lone G-B WI 54311	Self	500.00	
12/4/15	Becky Kasmissen 2924 St Anthony Green Bay WI 54301		25.00	
12/4/15	Larry Schaefer 1103 S. Roosevelt St Green Bay, WI 54301		15.00	
12/30/15	Jame Wall 1241 Lane SE Green Bay, WI 54301		25.00	
12/30/15	Lynde Uilein 1122 N Astor SE M. L. Wallace, WI 53202	Investor Self-Employed	250.00	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 815.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 815.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Pg. 2 of 3

SCHEDULE 2-A

DISBURSEMENTS **Gross Expenditures**

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
12/7/15	DPW 145 Rodney St Madison, WI	Boiler fee	148.57
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 148.57

TOTAL ITEMIZED EXPENDITURES

\$ 148.57

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS


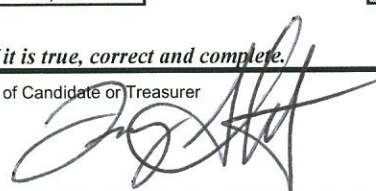
\$

TOTAL EXPENDITURES

\$

*****End of Report*****

Pg. 3 of 3

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN			
Is this report an Amendment?			
COMMITTEE IDENTIFICATION			
Name of Committee		Streckenbach for Brown County Executive	
Address		PO Box 22283	
City, State, ZIP		Green Bay, WI 54305	
		OFFICE USE ONLY	
		GAB # ID	
NAME OF REPORT			
Jan 2016 Continuing	Pre-Primary 20__	Spring	Fall
July 20 Continuing	Pre-election 20__	Spring	Fall
SUMMARY OF RECEIPTS AND DISBURSEMENTS			
1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only
A. Contributions including Loans from Individuals	\$ -		
B. Contributions from Committees (Transfers-In)	\$ -		
C. Other Income and Commercial Loans	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ -	\$ -	
1. DISBURSEMENTS			
A. Gross Expenditures	\$ 805.00		
B. Contributions to Committees (Transfers-Out)	\$ -		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 805.00	\$ -	
CASH SUMMARY			
Cash Balance at Beginning of Report	\$ 34,984.21		
Total Receipts	\$ -		
Subtotal	\$ 34,984.21		
Total Disbursements	\$ 805.00		
CASH BALANCE AT END OF REPORT	\$ 34,179.21		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ 5,427.82		
<i>I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.</i>			
Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer		Date
Troy Streckenbach			1/15/16
	Email	Daytime Phone 920-288-2231	

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.61, Wisconsin Stats.

GAB-2S (03/14) Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | web: <https://cfis.wi.gov> | email: GABCFIS@wi.gov

Pg. 1 of 2

[illegible]

*****End of Report*****

Pg. 2 of 2

Campaign Finance Report Short Form GAB-2a Government Accountability Board		GAB ID Number
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<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Continuing Report due Jan. 31, <u>2016</u>
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	<input type="checkbox"/> Pre-Election	<input type="checkbox"/> Continuing Report due July 20, ____

Friends of Vander Loest
 Name of Candidate or Committee (in full)
1422 Bleach Tree Drive
 Address (number and street)
Green Bay, WI 54304
 City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(p), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<u>[Signature]</u>	<u>1-15-16</u>	<u>920-737-0999</u>

GAB-2a (Rev. 11/03) (Reformatted 11/03) (Y2K 9/99)



*****End of Report*****

Campaign Finance Report Short Form EB-2a State Elections Board		
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Primary _____	<input checked="" type="checkbox"/> Continuing Report due Jan. 31, <u>2016</u>	
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Election _____	<input type="checkbox"/> Continuing Report due July 20, _____	



Name of Candidate or Committee (in full) ZELLER FOR TREASURER

Address (number and street) 3228 BITTERS COURT

City, State, Zip GREEN BAY, WI 54301

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate <u>Dave A. Zeller</u>	Date <u>1/14/16</u>	Daytime Phone <u>(920) 448-6321</u>
--	------------------------	-------------------------------------

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

*****End of Report*****

SHORT FORM – Use For “No Activity” Reporting Period